



DUVALL-CARNATION POLICE DEPARTMENT

Glenn E. Merryman
Chief of Police

Case #: _____ File: _____

Lost Item Report Form

This form must be completed and returned to the Duvall Police Department.

Date of Report: _____ Date of Loss: _____ Time of Loss: _____

Type of Item Lost: ☐ Cell Phone ☐ Wallet ☐ Other: _____

Item Cost: \$ _____ Place Last Seen: _____

Victim:

Name: _____ Date of Birth: ____/____/____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home: (____) _____ Work: (____) _____

Other: (____) _____

Item:

Brand: _____ Serial Number: _____

Type: _____ Quantity: _____

Description: _____

Narrative:

I certify, or declare, under penalty of perjury that the following information provided in this statement is true and correct.

Signature: _____ Date: ____/____/____

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www.cityofduvall.com/police